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ABSTRACT

Accreditation as a phenomena was probably initiated in this country in 1784 when New York formed its Board of Regents. Generally, however, it is the voluntary regional and professional associations that approve programs, although states may be involved. The first regional association was founded in 1885 and the first professional association formed by the American Medical Association (AMA) in 1877. The period of time just prior to 1920 to the mid-1930s produced many national professional associations related to specialities, with medicine, and the AMA in particular, emerging as the leader in accreditation practices. The National Council for Accreditation of Teacher Education (NCATE) was created in 1952, and, although harassed by controversy, has grown in strength, especially through recognition by many states. National efforts to direct and improve the accreditation process have continued over the years. In 1956, the National Commission on Accrediting began publishing a list of recognized accrediting associations and adopted formal criteria for recognizing accrediting agencies. And in 1975, a significant accreditation event happened when the Council on Postsecondary Accreditation (COPA) was formed. COPA is now probably the most comprehensive voluntary accrediting association ever organized. Six trends are discussed with regard to future directions in accreditation, and a chronology of events affecting accreditation is appended. (JMK)

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ACCREDITATION AND LICENSING: ORIGINS AND CURRENT STATUS

Abstract

In contrast to the governmentally controlled Ministries of Education in most foreign countries, accreditation practices and control of professional programs in the United States have been stimulated by voluntary associations. Today, professional programs are accredited through a (usually) cooperative relationship among voluntary associations, state agencies, and the federal government. These historical developments in other professions have affected accreditation practices in teacher education.

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ACCREDITATION AND LICENSING: ORIGINS AND CURRENT STATUS

A Simple Beginning

Accreditation as a phonomena was probably initiated in this country in 1784 when New York formed its Board of Regents. Activities associated with evaluating universities and programs, however, were relatively quiet for the next 75 to 100 years. Also, in spite of this legislative origin in New York, most early accrediting organizations and agencies were products of voluntary groups. Our forefathers, fearing a strong central government, reserved responsibility for education for states through the 10th Amendment. Harcleroad (1980) emphasized that American society has three sectors: private enterprise, public enterprise, and voluntary enterprise. For many years, this latter sector, often in cooperation with state governments, controlled accrediting and licensing in the professions. Voluntary groups control billions of dollars in annual revenues, employ thousands of professional workers, and control over ten percent of United States property.

Generally, it is the voluntary regional and professional associations that approve programs, although states may be involved. States sanction and evaluate institutions and the federal government determines eligibility for dispersements of federal funds. A wide variety of relationships exist among state governments, voluntary national associations of specific disciplines, voluntary regional and national associations of institutions of higher education, and the federal government.

The American Medical Association formed the first voluntary professional association in 1847, but it had little control over medical accreditation and

licensing for the following fifty years. During the 1870s and 1880s, there was a proliferation of unqualified institutions and programs which became an embarrassment to states and professional groups, and medicine did not escape this development. The AMA's efforts to improve the quality of programs and graduates received a significant assist from the now famous Flexner Report of 1910. A few years prior to this report, the AMA had begun a classification of medical schools based upon information obtained by a formal "visit."

Accreditation, a process initially instituted to protect the public from unqualified practitioners, has become much more in time. It was during this period of eroding standards that the President at the University of Michigan began to send university "visitors" to local schools and demanded a diploma for entrance to the university. Shortly after this, the publicized Kalamazoo Case of 1874 provided legalized tax assessments for support of public schools.

Regional Associations Form

Another attempt to better articulate the programs and requirements of secondary schools with colleges and universities led to the formation of the first regional association in 1885. The New England Association of Colleges and Secondary Schools, originally a discussion group, grew into the first regional accrediting association. A Middle States Association began in 1887, and soon to follow were the North Central Association and the Southern Association.

Exemplary of the process was a meeting called by personnel from Vanderbilt University in 1895, and representatives from the University of North Carolina, University of the South, University of Mississippi,

Washington and Lee, and Trinity College met in Atlanta, Georgia. Harcleroad (1980) indicated that "throughout the South there were private academies and 'colleges,' most with inadequate faculties and ill defined curricula." The initial purpose of this group was to establish admission and graduation standards for colleges and universities. These institutions became charter members of the Association of Colleges and Secondary Schools of Southern States in 1895. Eventually, six regional groups were formed and became regional accrediting associations, and today these associations are given considerable credence by both states and the federal government.

During 1900, the confusion surrounding what a high school was and what its curriculum should be prompted the formation of the College Entrance Examination Board. Rudolph (1977) stated that by 1910, twenty-five Eastern colleges required CEEB exams in several disciplines for use as admission criteria. This period just prior to the turn of the century marked significant efforts to distinguish between a high school and college, establish college and university entrance requirements, and to initiate efforts to protect the public against bogus institutions and credentials. It was also a period when only 4-5% of our eligible population attended secondary schools, and many of these schools, espeicially in the South, were directly connected to colleges and universities. Nevertheless, this period laid the foundation for strong regional accrediting associations and the growing diversity of institutions and subject fields soon prompted attention toward the development of professional associations related to academic disciplines.

Professional Association: Development and Nature

In 1905, the American Medical Association began listing schools according to their graduates' pass/fail records, and shortly after the publication

of their list, they began, in 1907, to visit and classify institutions. By 1914, the Association of American Universities began listing colleges and universities and continued this practice through 1949. During the same year this list was initiated, the National Board of Medical Examiners introduced its three-part exam for physicians and which, although modified, is still an obstacle to receiving a physician's license. Because of these early beginnings and later refinements, the "medical model" is often cited as a practical guide for developing patterns of accreditation, licensing, and certifying specialties.

The period of time from just prior to 1920 to the mid-1930s produced many national professional associations related to specialties.

Professional associations were formed by many groups including business, law, engineering, veterinarian medicine, pharmacy, and dentistry. The end of this period also included the formation of the Liaison Commission on Medical Education which resulted from cooperation between the AMA and the Association of American Medical Schools. Again, medicine emerges as a leader in accreditation practices by uniting efforts between the professional practitioners and the training schools.

As the 1930s ended and professional associations began to proliferate and place program accrediting demands on colleges and universities, serious problems occurred. Dickey (1978) referred to these increased accreditation demands after World War II as an explosion and believed that university presidents had to do something "otherwise their institutions would be pulled and tugged in a hundred different directions by these accrediting organizations." University presidents organized the National Commission on Accreditation in 1949 and three years later tried to eliminate program accreditation

through an emphasis on regional institutional accreditation. The same year they formed, regional associations also initiated the National Committee on Regional Accrediting Agencies. This latter group, in 1964, became the Federation of Regional Accrediting Commissions of Higher Education (FRACHE). It was also at approximately the same time that these two groups organized that the federal government introduced the Veterans Readjustment Assistance Act of 1952, a refined G.I. Bill. In an attempt to both protect those who qualified for veterans assistance and guarantee that funds were used appropriately, Congress recognized accreditation as a useful mechanism to assess quality of education and eliminate fraud and cheating (Harcleroad, 1980). Also, the American Council on Education and the U.S. Office of Education proposed that states should maintain an accrediting agency to cooperate with regional and national accrediting associations. The regional associations began to move toward a new principle, originated by the North Central Association of Schools and Colleges, which emphasized an institution's own objectives rather than a single set of standard criteria.

The federal government began to determine eligibility for funding by relying on regional accreditation of institutions. Cooperative efforts formed between many state agencies and professional accrediting groups which reduced accreditation expenses and effort to some extent. It was becoming apparent that cooperative arrangements between and among regional and national accrediting groups was necessary, and the federal government began to rely on accrediting associations rather than initiate some other means of determining eligibility for federal funds. It was also a time, however, which was to experience a steady increase in federal regulations.

Universities, regardless of their concerns about accrediting processes, viewed the use of voluntary organizations as preferable to more governmental control.

The Origin of NCATE

During the period just described, the National Council for Accreditation of Teacher Education (NCATE) was experiencing the trauma of birth in 1952. This was the time that university presidents, through the National Commission on Accreditation, were struggling to reduce accreditation associations, and the NCA advised that teacher education and six other professional associations not be recognized. The presidents met severe faculty criticism, and relented their previous decision in 1954, and finally, as indicated by Dickey (1978), publically admitted that accreditation of teacher education "was socially desirable" and that they had probably gone too far. Nevertheless, NCATE continued to be involved in controversy, and the NCA continued efforts to achieve a balance among institutional interest, professional groups, and regional associations. Hinkle et al (1978), after reviewing several problems associated with NCATE processes, stated that the elimination of the rating scales and Evaluation Board may have greatly hindered efforts to make quantitative investigations. Santangelo (1978), by contrast, viewed the trend of the last four decades in dental accreditation which moved from quantification toward broad, general, and descriptive statements a strength resulting from increased diversity. Obviously, consensus is difficult to achieve within and among professions.

Controversy continues to harass NCATE, but it has grown in strength, especially through recognition by many states. Conant (1964) attributed this increasing influence of NCATE to contacts made with NASDTEC and NEA's

commission on Teacher Education and Professional Standards (TEPS). He attributed the growing rate of state recognition of NCATE accreditation in large part to political activity and support by state level TEPS groups. Both AACTE and NEA have a major interest and representation in NCATE today and its membership has expanded to include significant representation from other professional associations including NASDTEC and the Council of Chief State School Officers.

National Efforts Are Expanded

National efforts to direct and improve the accreditation process continue. In 1956, NCA began publishing a list of recognized accrediting associations (six regional and 19 professional groups) and adopted formal criteria for recognizing accrediting agencies. The NCA adopted the posture that accreditation should be a non-governmental function and supported the notion of state approval as a supplement to accreditation because of state mandates regarding licensure and certification.

The most significant accreditation event of recent vintage occurred in 1975 when the Council on Postsecondary Accreditation (COPA) was formed by the union of NCA and FRACHE and became what is probably the most comprehensive voluntary accrediting association ever organized. COPA has rapidly achieved a position of prestige as the primary voluntary agency for recognizing accrediting groups. Its published list of recognized associations is valued and recognized nationwide. Another agency of significance is the Department of Education's Division of Eligibility and Agency Evaluation (DEAE) which also generates a listing of approved institutions, and in 1980 listed 75 separate associations or commissions (Harcleroad, 1980). The lists of COPA and DEAE are similar but not identical.

Since its conception, COPA has disseminated a variety of position papers and established research as a major priority. It also approved the formation of the Committee on Allied Health Education and Accreditation which established an umbrella concept and represents 45 collaborating allied health organizations and 21 review committees in the accreditation of programs in 26 areas of allied health. Some believe that the "umbrella" approach may provide a potential solution to the poliferation problem, but others, such as nursing, reject it as providing inadequate professional control of programs and practices.

Future Directions

It would be presumptuous to attempt to predict specific trends in accrediting, especially when sophisticated groups such as COPA are struggling with the role and purpose of accreditation. However, several trends can be recognized: 1) voluntary associations will continue to play a significant role in accrediting, but new patterns of cooperation with federal and state agencies will emerge; 2) federal involvement and regulations will continue as long as the federal government funds students, programs, research, and contracts with universities to provide services; 3) states will continue involvement because of statutes and regulations but new unique cooperative efforts will probably emerge; 4) it is likely that various forms of lay involvement will continue to increase, with government agencies encouraging more involvement and professional associations criticizing it; 5) new umbrella schemes will be encouraged, but the success of this effort is speculative; and 6) diversity among professional associations will continue, but all will desire recognition by national voluntary associations and governmental agencies involved in approving funding.

There can be no guarantee that all graduates of accredited programs are well prepared and qualified to enter a profession, but accreditation does provide reasonable assurance that certain standards have been met and the programs evaluated have been judged by professional personnel to have satisfied minimum expectations. In spite of its deficiencies, accreditation which involves voluntary professional organizations is our best guarantee against complete governmental control. Unfortunately, accreditation primarily provides entry level assurances, but will not directly affect the continual improvement of practitioners. This "second level" of accreditation is another problem for another day.

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A CHRONOLOGY OF EVENTS AFFECTING ACCREDITATION

1794	New York Board of Regents (state involvement)
1846	Iowa Regents
1847	American Medical Society
1862	Land Grant Act, 1862-1890 (federal involvement)
1867	Department of Education
1870	D.O.E. lists 369 colleges and universities
1871	President, University of Michigan requires secondary diploma; university visitors to inspect schools
1874	Kalamazoo Case
1879	Department of Agriculture requires U. S. Army veterinarian surgeons to have a degree
1882	American Association of University Women
1885	New England Association of Colleges and Secondary Schools
1887	Middle States Association of Colleges and Schools; Interstate Commerce Commission (beginning of federal regulatory commissions)
1894	Department of Agriculture requires Veterinary surgeons to graduate from college and take civil service exam
1895	Association of Colleges and Secondary Schools of the Southern States; North Central Association of Colleges and Secondary Schools; American Society of Superintendents of Training Schools for Nurses
1900	College Entrance Examination Board (CEEB); Association of American Law Schools
1905-1907	AMA's first listing of medical schools; AMA began visiting and classifying schools
1906	NEA incorporated
1909	Washington Regents
1910	Flexner Report
1912	Virginia Regents
1914	Association of American Universities begins a listing of colleges and universities; Northwest Association of Schools and Colleges; Federal Trades Commission
1917	American Nursing Association
1920	Federal Power Commission
1922	National Board of Medical Examiners introduces three-part exam (Part III = clinical evaluation); Professional Associations: podiatry-1918, business-1919, law-1923, library science-1924, music-1924, dietetics-1927, engineering-1932, veterinarian medicine-1932, pharmacy-1932, optometry-1934, occupational therapy-1935, chemistry-1936, journalism-1936, physical therapy-1936, medical technology-1936, dentistry-1938, others
1936	Liaison Commission on Medical Education
1948	National Association of Theology Schools; Western College Association
1949	National Commission on Accrediting (NCA)
1952	Veterans Readjustment Assistance Act; National Council for Accreditation of Teacher Education (NCATE)
1956	NCA begins publishing list (six regional and 19 professional accreditation associations); NCATE reluctantly accepted by NCA
1964	Federations of Regional Accreditation Commissions of Higher Education (FRACHE)
1965	Major changes in federal regulations affecting colleges and universities
1973	Education Commission of the States
1975	Council on Postsecondary Accreditation (COPA)--combination of NCA and FRACHE
1980	Cabinet Level Department of Education